

# GENERAL INFORMATION

Please complete prior to arriving for evaluation.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_ COMMERCIAL LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE ACCESSIBLE TRANSPORTATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, HOW DO YOU PLAN TO GET TO WORK/TRAINING? \_\_\_\_\_

## EDUCATION

LAST GRADE YOU COMPLETED IN SCHOOL: \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE A GENERAL EDUCATIONAL DEVELOPMENT (GED) CERTIFICATE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, ARE YOU WILLING TO ENROLL IN GED PREPARATION CLASSES? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT SUBJECTS DID YOU LIKE BEST IN SCHOOL? \_\_\_\_\_

WHAT SUBJECTS DID YOU LIKE LEAST IN SCHOOL? \_\_\_\_\_

WERE YOU IN REGULAR CLASSES OR SPECIAL EDUCATION CLASSES? \_\_\_\_\_

LIST ANY VOCATIONAL OR SPECIALIZED TRAINING YOU HAVE COMPLETED: \_\_\_\_\_

LIST ANY VOCATIONAL SKILLS YOU HAVE ACQUIRED EITHER THROUGH TRAINING OR WORK EXPERIENCE: \_\_\_\_\_

LIST ANY LICENSES OR CERTIFICATES YOU HAVE: \_\_\_\_\_

COLLEGE: #HRS \_\_\_\_\_ MAJOR: \_\_\_\_\_ WHERE: \_\_\_\_\_

DO YOU HAVE A DEGREE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, TYPE OF DEGREE? \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

## DISABILITIES

WHAT IS YOUR PRIMARY DISABILITY? \_\_\_\_\_ HOW DOES THIS LIMIT YOUR ABILITY TO WORK/TRAIN? \_\_\_\_\_

HAVE YOU EVER HAD A SERIOUS ACCIDENT OR PROLONGED ILLNESS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT AND WHEN? \_\_\_\_\_

HAVE YOU EVER RECEIVED A SEVERE BLOW TO YOUR HEAD? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN AND DESCRIBE: \_\_\_\_\_

WERE YOU IN A COMA? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW LONG? \_\_\_\_\_

HAVE YOU EVER FILED FOR WORKER'S COMPENSATION DUE TO AN ON-THE-JOB INJURY? YES \_\_\_\_\_ NO \_\_\_\_\_

NUMBER OF TIMES: \_\_\_\_\_ WHEN? \_\_\_\_\_ WHY? \_\_\_\_\_

WHO IS YOUR VOCATIONAL REHABILITATION (VR) COUNELOR? \_\_\_\_\_

HAVE YOU EVER BEEN A PREVIOUS VR CLIENT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHEN AND WHY? \_\_\_\_\_

\_\_\_\_\_ DID YOU COMPLETE A TRAINING PROGRAM AT THAT TIME?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT TYPE OF TRAINING? \_\_\_\_\_

LENGTH OF TRAINING: \_\_\_\_\_ YEAR OF COMPLETION: \_\_\_\_\_

WHAT MEDICATION (S) ARE YOU TAKING? \_\_\_\_\_

LIST ANY KNOWN ALLERGIES YOU HAVE: \_\_\_\_\_

DO YOU SMOKE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER BEEN TREATED OR HOSPITALIZED FOR MENTAL/EMOTIONAL PROBLEMS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NUMBER OF TIMES, WHEN, WHY, AND WHERE: \_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR ENERGY LEVEL? \_\_\_\_\_

HAVE YOU EVER BEEN TREATED OR HOSPITALIZED FOR ALCOHOL/DRUG ABUSE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NUMBER OF TIMES, WHEN, WHY, AND WHERE: \_\_\_\_\_

ARE YOU CURRENTLY IN COUNSELING OR THERAPY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

\_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ GROUP \_\_\_\_\_ NUMBER OF TIMES WEEKLY \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF ANY CRIMES (including DUI's)? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NUMBER OF TIMES, WHEN AND FOR WHAT? \_\_\_\_\_

ARE YOU CURRENTLY ON PROBATION? YES \_\_\_\_\_ NO \_\_\_\_\_

**CITIZENSHIP AND MILITARY SERVICE**

ARE YOU A U S CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_ NUMBER OF YEARS OF

SERVICE: \_\_\_\_\_ YEAR OF DISCHARGE: \_\_\_\_\_ HONORABLE DISCHARGE: YES \_\_\_\_\_ NO \_\_\_\_\_ OTHER: \_\_\_\_\_

WHAT TYPE OF TRAINING DID YOU RECEIVE IN THE MILITARY? \_\_\_\_\_

WHAT WAS YOUR JOB (AND DUTIES) IN THE MILITARY? \_\_\_\_\_

**JOB EXPECTATIONS**

WHAT IS YOUR CAREER GOAL? WHAT TYPE OF JOB OR TRAINING DO YOU WANT? \_\_\_\_\_

IF YOU ARE INTERESTED IN TRAINING, ARE YOU ASKING VOCATIONAL REHABILITATION TO PAY FOR IT? \_\_\_\_\_

HOW DO YOU PLAN TO PAY FOR YOUR NEEDS DURING TRAINING? \_\_\_\_\_

LIST SOME JOBS THAT YOU HAVE REALISTICALLY THOUGHT ABOUT DOING: \_\_\_\_\_

LIST YOUR HOBBIES: \_\_\_\_\_

WHAT JOBS OR WORK ACTIVITIES DO YOU THINK YOU WOULD LIKE BEST? \_\_\_\_\_

WHAT JOBS OR WORK ACTIVITIES DO YOU THINK YOU WOULD LIKE LEAST? \_\_\_\_\_

WHAT ARE YOUR JOB VALUES? (Examples: high salary, job security, prestige, working with your mind, etc.) \_\_\_\_\_

DO YOU PREFER TO WORK WITH DATA, PEOPLE, OR THINGS? \_\_\_\_\_

DO YOU PREFER TO WORK AROUND A LOT OF PEOPLE, A SMALL GROUP OF PEOPLE, OR ALONE? \_\_\_\_\_

DO YOU PREFER TO SIT OR MOVE AROUND ALL OF THE TIME ON A JOB, OR SOME OF BOTH? \_\_\_\_\_

DO YOU PREFER ROUTINE WORK OR PREFER A JOB WITH A VARIETY OF DUTIES? \_\_\_\_\_

WHAT ABILITIES DO YOU FEEL YOU HAVE? (EXAMPLES: language, mathematical, clerical, manual, mechanical, social, leadership, etc.) \_\_\_\_\_

WHAT IS YOUR TRAINING PREFERENCE? OJT \_\_\_\_\_ VO-TECH \_\_\_\_\_ COLLEGE \_\_\_\_\_

WHAT CAN YOU SEE YOURSELF DOING FIVE YEARS FROM NOW? \_\_\_\_\_

TEN YEARS FROM NOW? \_\_\_\_\_

IDEALISTICALLY, IF YOU COULD DO ANYTHING IN THE WORLD OR EXCHANGE PLACES WITH ANYONE IN THE WORLD, WHAT OR WHO WOULD IT BE AND WHY? \_\_\_\_\_

WHAT ARE YOU CURRENTLY DOING? \_\_\_\_\_

**WORK HISTORY** (List your most recent job first and go backward)

1. EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
DATES WORKED: From: \_\_\_\_\_ To: \_\_\_\_\_  
JOB DUTIES: (Be specific) \_\_\_\_\_  
\_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

---

2 EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
DATES WORKED: From: \_\_\_\_\_ To: \_\_\_\_\_  
JOB DUTIES: (Be specific: \_\_\_\_\_  
\_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

---

3 EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
DATES WORKED: From: \_\_\_\_\_ To: \_\_\_\_\_  
JOB DUTIES: (Be specific) \_\_\_\_\_  
\_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

---

4. EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
DATES WORKED: From: \_\_\_\_\_ To: \_\_\_\_\_  
JOB DUTIES: (Be specific) \_\_\_\_\_  
\_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

---

5 EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
DATES WORKED: From: \_\_\_\_\_ To: \_\_\_\_\_  
JOB DUTIES: (Be specific) \_\_\_\_\_  
\_\_\_\_\_  
SALARY/WAGE: \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_